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December 3, 2010

State of Illinois  
Office of the Governor  
Health Care Reform Implementation Council  
Springfield, Illinois

RE: Request for Public Comments - Health Insurance Reform and the Option of Establishing an Insurance Exchange in Illinois: §VI. Eligibility Determination -Question 1

To the Illinois Health Care Reform Implementation Council:

The Legal Assistance Foundation of Metropolitan Chicago (LAF) represents many low-income individuals and families seeking to obtain or keep critical benefits from one of Illinois' medical assistance programs. These programs primarily include All Kids, Family Care, Medicaid, and the General Assistance-Medical Program. Many clients not currently eligible under any of these programs will be eligible for Medicaid or insurance through an Exchange, once the Medicaid expansion provisions of the Patient Protection and Affordable Care Act (ACA) are implemented, and Exchanges are established and functioning.

For these clients, the application, verification, enrollment and renewal processes for health insurance, and the process of moving between Medicaid eligibility and coverage under an Exchange – especially because of changes in income -- must be easily accessible, streamlined, and seamless.

Based on LAF's experience advising and representing clients who have been involved in application and eligibility processes for State and Federal benefits, many clients face significant administrative barriers in applying for or maintaining benefits (including TANF, SNAP, and other related benefits). If such barriers arise in implementation of the ACA, it will undercut the promise of health care access. With this background, the following comments are presented.

I. Coverage moving between Medicaid and Exchange-based insurance:

When clients' income changes, if coverage has to move from Medicaid to Exchange-based

insurance, or from Exchange-based insurance to Medicaid, neither Medicaid nor the Exchanges should require individuals to file an entirely new application for benefits, obtain a new Case Identification Number, or provide the same information they have already provided for Medicaid or Exchange-based eligibility. Implementation should minimize the burdens on recipients and beneficiaries, maximize information-sharing between Medicaid and the Exchanges, and avoid gaps in coverage. This will result in more efficient administration, and help to ensure that individuals will not delay needed medical care simply because the source of their coverage may have changed – possibly based on a very small change in income.

To reach this result, as a starting point the computer databases of the Illinois Department of Human Services (IDHS), Illinois Department of Healthcare and Family Services (HFS), and the Exchange should share information to the extent that such sharing is permitted by and consistent with legal requirements – including HIPAA – regarding privacy and confidentiality. Additionally, there should be a Task Force established now and charged with the responsibility of insuring effective coordination between Illinois agencies and other organizations involved in the medical assistance application, verification, enrollment and renewal processes, and the Exchange(s) established by the State of Illinois.

## II. Processing income information:

Income information is a principal basis for determining whether coverage will be through Medicaid or an Exchange. Therefore, it is critical to ensure that prompt and accurate entry of all income information provided by individuals is made a high priority. There must be an easy way for individuals (or their representatives) to provide updated income information to the Medicaid agency and the Exchange, and an effective administrative system which receives and processes this information promptly and accurately, and provides clients with a receipt confirming that they have provided the required income information, when they provided it, and what information was provided. There should be electronic and in-person systems to accomplish this.

A. For electronic submissions, one example is IDHS' current online application system, which can provide clients with a detailed printout showing all of the information which they have submitted to IDHS when filing an application for Cash Assistance, SNAP (Food Stamps), and/or medical assistance. A coordinated Medicaid/Exchange system should provide individuals with an equally detailed printout of whatever income or other eligibility information they have provided.

B. Many clients who will move back and forth between Medicaid and an Exchange may not have access to electronic systems for submitting information. Low-income clients often have limited access to the Internet, even given its availability at libraries. Those who are not able to access application or information systems electronically must be able

to talk to a live person. They will often need to submit information in person.

The Medicaid agency staff and the Exchange staff will likely have large caseloads, and it may not be realistic to expect caseworkers to receive income information from possibly hundreds of individuals on a weekly basis, and to enter that information into the system on a timely basis.

For these clients, one way to address this is by establishing a special income reporting unit within the Medicaid agency, and as part of the Exchange, to process income information, enter it immediately into the computer system, and give the client a receipt. Clients would be directed to the proper window, desk, or other location when they sign in saying they have income verification. Clients would submit the income information, get a date-stamped receipt the same day showing what information they provided, and have that information processed the same day. This will help to ensure that clients do not have to provide the same information more than once, and are not put at risk of having a case cancelled because information is lost and the client has no proof that the information has been provided. Individuals will not need to wait for a caseworker; will not have to be concerned about staff absences or vacations; will get a receipt to verify that they provided the required information; and will be able to respond effectively if papers are lost.

Once income is reported, entered into the system, and verified, and the individual is provided with a receipt, further case processing can proceed. This will also avoid a situation in which a client tries to give information to a caseworker, but can't because – for example – the caseworker says “you have to come back and make an appointment to see me.”

C. There should be a system to enable individuals and their representatives to verify, by electronic tracking or by contacting an individual, that income information has been received and processed accurately and in a timely manner.

D. There should be clear and strictly enforced time frames for each step in the processing of updated income information.

E. There should be special provisions to simplify and streamline the income verification process for individuals on fixed income, such as the population whose sole income is from Social Security, e.g., SSI or SSDI.

### III. Notices:

Notices to individuals must be clear, written in plain language at a level and in a format which clients will understand, multilingual, and otherwise in conformity with best practices. Each step in the process, such as a change in coverage from Medicaid to the Exchange (or the Exchange to

Medicaid), should result in a clear written notice explaining – at a minimum – what has occurred; the reason for the action; what happens next; what if any additional information needs to be provided; where, how, and when to provide the information; rights to appeal; specific time frames; etc. Notices should include all information necessary for the client to fully understand what is occurring and the reason for it, and to make a fully informed decision on what action to take in response to the notice. As a useful starting point regarding the language in notices, see <http://www.plainlanguage.gov>.

Thank you.

Sincerely,

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